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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | EXPRESS MAIL NO. EV 182094150US | | | | |
|---|---------------------------------|------------------|--|--|--|
| | Application No. | 10/014,743 | | | |
| | Filing Date | October 29, 2001 | | | |
| | First Named Inventor | Linda G. LEE | | | |
| | Examiner Name | J. Riley | | | |
| | Group Art Unit | 1637 | | | |
| _ | Attorney Docket No. | A-72076-4/AMP | | | |

| ENCLOSURES (check all that apply) | | | | | | | | |
|---|----------------------------------|---------------------|------------------|--|----------------|--|--|--|
| | Fee Tran | smittal Form | | Assignment Papers (for an Application) | | After Allowance Communication to Group | | |
| | Fee Attac | ched | | Drawing(s) | | Appeal Communication to Board of Appeals and Interferences | | |
| \boxtimes | Amendm | ent / Reply | | Licensing-related Papers | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | |
| | After Fina | al | | Petition | | Proprietary Information | | |
| | Affidavits | s/declaration(s) | | Petition to Convert to a Provisional Application | | Status Letter | | |
| | Extension | n of Time Request | | Power of Attorney, Revocation Change of Correspondence Address | | Other Enclosure(s) (please identify by Status Letter postcard SEP 3.0 2003 | | |
| | Express | Abandonment Request | \boxtimes | Terminal Disclaimer | | postcard SEA | | |
| | Information Disclosure Statement | | | Request for Refund | | TECH CE. 30 2000 | | |
| Certified Copy of Priority Document(s) | | | CD, No. of CD(s) | | - CNIER 1600 C | | | |
| Response to Missing Parts/ Incomplete Application | | Remarks 90/2900 | | | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | |
| Firm or Individual name Ann M. Caviani I | | Ann M. Caviani Pera | ase/(42,067) | | | | | |
| Signature | | Chra | | | | | | |
| Date September 25, 20 | | September 25, 2003 | | | | | | |